



Tennessee Department of Children's Services  
**FOSTER/ADOPTION APPLICATION FOR PARENTING**

Adoption ☐  
 Foster Care ☐  
 Kinship ☐

Complete and Return to:  
 Department of Children's Services  
 Attention: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                        |            |             |                        |            |
|------------------------|------------|-------------|------------------------|------------|
| APPLICANT              |            |             | Social Security Number |            |
| Last Name              | First Name | Middle Name |                        |            |
| CO-APPLICANT           |            |             | Social Security Number |            |
| Last Name              | First Name | Middle Name |                        |            |
| STREET ADDRESS (APT.#) |            |             | Area code              | Home Phone |
| CITY                   |            |             | STATE                  | ZIP CODE   |

|   | APPLICANT | CO-APPLICANT |
|---|-----------|--------------|
| Birthdate   |           |              |
| Race/Sex  |           |              |
| Religion/Affiliation  |           |              |
| Are you a U.S. Citizen  |           |              |
| Last Grade Completed  |           |              |
| Marital Status <i>(include date)</i>  |           |              |
| Previous Marriage <i>(date/city/state)</i>  |           |              |
| Date Terminated <i>(specify death, annulment or divorce)</i>  |           |              |
| Military Service <i>(dates)</i>   |           |              |
| While in Military Service, were you ever convicted by a General Court Martial? <i>(specify yes or no)</i> |           |              |
| Occupation  |           |              |
| Employer  |           |              |
| Annual Income   |           |              |
| Work Phone Number   |           |              |
| Emergency Number  |           |              |

**CHILDREN IN THE HOME**

| Name | Birthdate | Sex | School/Grade or Occupation | Relationship |
|------|-----------|-----|----------------------------|--------------|
|      |           |     |                            |              |
|      |           |     |                            |              |
|      |           |     |                            |              |
|      |           |     |                            |              |

**CHILDREN OUT OF THE HOME**

| Name | Birthdate | Sex | School/Grade or Occupation | Relationship |
|------|-----------|-----|----------------------------|--------------|
|      |           |     |                            |              |
|      |           |     |                            |              |
|      |           |     |                            |              |
|      |           |     |                            |              |

**REFERENCES**

|                       | Name | Address | Phone # | Relationship |
|-----------------------|------|---------|---------|--------------|
| Applicant Relative    |      |         |         |              |
| Co-Applicant Relative |      |         |         |              |

|           | Name | Address | Phone # | Relationship |
|-----------|------|---------|---------|--------------|
| Reference |      |         |         |              |
| Reference |      |         |         |              |
| Reference |      |         |         |              |

Have you had previous involvement with the Department of Children's Services? Yes ☐ No ☐

If yes, please summarize your involvement and the time frame during which this took place. \_\_\_\_\_

Have you previously applied to be a foster and/or adoptive parent with another agency? Yes ☐ No ☐

If yes, when and with what agency? \_\_\_\_\_

#### TYPE OF CHILD YOU HOPE TO FOSTER/ADOPT:

Sex: Male ☐ Female ☐ Either ☐

Age Range: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Sibling Group: Yes ☐ No ☐

If yes, how many children would you consider fostering/adopting at this time? \_\_\_\_\_

Race: AA (African American) AI (American Indian) AS (Asian) CA (Caucasian) HI (Hispanic)

*Circle one or more codes. To indicate mixed race, combine codes and write in the space provided (for example, AACA indicates child of mixed African-American and Caucasian heritage) \_\_\_\_\_.*

*You may apply to foster or adopt a child of any racial or ethnic heritage.*

*Note: By end of the preparation process, the description of the child you hope to foster or adopt may change. If so, you will have the opportunity to redefine the child you feel you can most successfully parent. As a foster or adoptive parent you are encouraged to update this information as you continue to redefine the child you wish to parent.*

#### LEGAL:

Are you currently charged with, or have you ever been convicted, placed on probation or received a suspended sentence for:

|   | APPLICANT                    |                             | CO-APPLICANT                 |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Any crime involving children?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Any crime of violence against another person?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Possession, sale manufacturing or transportation of drugs? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Any other crime? (explain) _____                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

This form is merely a statement of intentions and can be withdrawn by the applicant at any time. We do \_\_\_\_ do not \_\_\_\_ consent to the release of our names for the mailing list of foster or adoptive parent associations, training and newsletters. Signature of applicant(s) authorizes the Department of Children's Services to contact the references listed on the application form and authorizes said references to respond to the inquiry.

Applicant's Signature

Date

Co-Applicant's Signature

Date